

FLORIDA AIDS DRUG ASSISTANCE PROGRAM

June 26, 2014 Statewide Conference Call Minutes

10:00 AM – 11:40 AM

Counties Represented: Alachua, Bay, Brevard, Broward, Citrus, Clay, Collier, Desoto, Escambia, Hendry/Glades, Hillsborough, Indian River, Lake, Lee, Leon, Marion, Miami-Dade, Monroe, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Polk, St. Lucie, Sumter, Volusia

ADAP Headquarters Participants: Steven Badura, Jimmy Llaque, Paul Mekeel, Eunice Sawaya, Nicholas Dudley, Cherrishe Brown, Dianne Williams-Cox, Sean Saint-Fort

MEDICAID MATCH & BACK BILLING

To ensure that ADAP is the payer of last resort and meets HRSA policy requirements, ADAP headquarters performs a monthly Medicaid match against client records in the database. To keep client records current, ADAP headquarters will be sending out a list with clients who were identified as being Medicaid eligible or receiving Medicaid when they had an open status in the program and may have received medications. Some of those clients qualify for Medicaid back billing.

The most recent list for Medicaid Back Billing client was sent to 38 counties Tuesday, June 24th.

- If ADAP provided services on the dates when Medicaid eligibility was effective, the cost of medications paid under ADAP must be processed for back billing.
- If there is a reason why a client is not eligible for Medicaid Back Billing, please indicate that in the excel spreadsheet with notes of corrections/final status and return to your area consultant.
- Proper screening for Medicaid eligible persons is a prerequisite, and CHDs can use FLMMIS to double check a person's status.

AICP CLIENTS WHO HAVE COBRA BENEFITS ENDING

According to healthcare.gov, the termination of COBRA is a qualifying event which allows clients who have their COBRA ending, the opportunity to enroll into the Marketplace outside of the open enrollment period. This allows an AICP client to sign up for an ADAP approved health insurance plan through the Marketplace once their COBRA ends.

- All current AICP clients who have COBRA policies that will be ending will be informed by letter from their local AICP CBO 60-days prior to the date that their COBRA will expire.
- To ensure there is no lapse in coverage from the date coverage ends we ask that clients work with their local AICP CBO who will help them enroll into the Marketplace plan.
- Current AICP clients with COBRA policies that are ending **MUST** select an ADAP approved plan for their area in order to continue receiving AICP services.
- Clients must elect to apply all of the tax credit subsidy for which they are eligible towards their monthly premium.
- Non-approved ADAP plans will not be covered and the client will be terminated from the AICP Program.

ADAP is looking at end dates of those with COBRA, since a client has 60 days to enroll. Health Council of South Florida (HCSF) will send out letters to AIDS Insurance Continuation Program (AICP) clients whose COBRA will be ending to enroll in an ADAP approved plan. CHDs may contact HCSF thru your local CBO to learn about assistance with AICP for enrollment plans and screening of insurance plans for any COBRA clients.

■ OPEN ENROLLMENT FOR 2015 ADAP INSURANCE COVERAGE

To continue to maximize federal and state funding, ADAP will be identifying clients whose medication costs to the program will be lowered by enrollment into a Marketplace insurance plan during the next open enrollment. Open enrollment will begin on November 15, 2014, which leaves only 142 days from June 26th to develop and send out information to clients, applicants, CHDs and stakeholders.

ADAP is currently working with four PLANNING WORKGROUPS to develop guidelines and guidance for moving forward toward this open enrollment period. The groups meet every other week except for communications, which meets once a week.

- At this time we have openings for those who would like to work on any one of the workgroups. You must be committed and engaged, one who will help drive the process. Please submit your name and the workgroup you would like to be a part of to Sean Saint-Fort at Sean-Steven.Saint-Fort@flhealth.gov.

The four workgroups are:

Budget

This group will look at funding available to cover the costs of those targeted for enrollment into insurance plans.

Communications

The Communications Workgroup has developed, printed and delivered to the community the following:

THE CAPSULE #1 – 'The role of ADAP' Providing medications / purchasing insurance

THE CAPSULE #2 – 'Federal Fees and Penalties'

Enrollment and Transition

There has been one formal call to date. Using data from the other workgroups, Enrollment and Transition is developing a letter to send out for those who will be eligible for enrollment into insurance plans.

A flow chart is being developed for the CHDs as guidance for effective procedures and a smooth work flow.

Education and Training

The group will develop the information and training needed for those involved with the insurance enrollment processes. Documents that have been printed and delivered to the community include 'The Value of Health Insurance' as well as a 'Glossary of Health Coverage and Medical Terms'. There is a presentation that is currently being developed.

SCREENING OF UNAFFORDABLE COPAYS WAIVER CLIENTS

FL ADAP has implemented a new feature for clients with an Unaffordable Co-pays and/or Deductibles waiver reason. To ensure that new and returning clients are properly screened, placed in the correct waiver reason and can access their medications, the ADMIN-REVIEW feature will now be activated when the Unaffordable Co-pays and/or Deductibles waiver reason is selected.

ADAP Staff that are enrolling or recertifying clients who qualify for assistance with unaffordable copays or deductibles associated with approved insurance plans and who may pick up at CVS, should select the Insurance Waiver Reason "C. – Unaffordable Copays and/or Deductibles." Staff must then submit the client's current regimen and the Summary of Benefits to the ADAP office for review. Failure to do so or any efforts to circumvent the Administrative Review Process may result in unnecessary delay for clients.

- For current ADAP clients who have the Unaffordable Co-pays and/or Deductibles waiver reason:
 - Nothing will change until they come in for their six month recertification.
 - When you reenroll / recertify these clients, a message from the webpage will pop up 'Email has been sent to HIV/ADAP HQ team for approval'.
 - Click OK.
 - This will place the client record in ADMIN-REVIEW status on the registration page.
 - Submit the following documentation for review to your county consultant:
 - Summary of Benefits showing documentation of HIV medication costs and plan coverage. This information should be available in CareWare under scanned documents.
 - Indicate the type of insurance: Employer sponsored, individual or private plan.

What this means for the client:

- Client record will be placed in ADMIN-REVIEW status.
- No temporary CVS card will be issued.
- No medications will be dispensed during the review process until a decision is made by ADAP central office.
- Once documents have been reviewed and client is approved by ADAP headquarters, the client record will be placed in OPEN status.

NOTE: please allow five working days for approval and schedule appointments to accommodate this timeline.

- If a client will run out of medications before the approval process is complete, please access Part A or Part B locally to cover any medications needed.

PERSONALLY IDENTIFIABLE INFORMATION (PII)

Due to recent breaches in the unauthorized use of client level data, the Surgeon General has requested that additional safeguards be put in place for access to PII. Personally Identifiable Information is information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

- Personally Identifiable Information is information about a person that contains some unique identifier, including but not limited to name or Social Security Number, from which the identity of the person can be determined.
- PII shall be stored on network drives and/or in application databases with proper access controls (i.e., User IDs/password) and shall be made available only to those individuals with a valid need to know.

ADAP will implement additional safeguards starting in early July which will require new users to the ADAP database to request permission to see a client's SSN. New users will be required to request permission after completing ADAP database training. Existing users will have current access to SSNs and will not need to ask for access.

AUTO-CLOSURES OF ADAP CLIENTS IN THE DATABASE

Adherence to the prescribed drug regimen of a client is very important to successful disease management as well as compliance with pick up requirements of the ADAP program. If a client does not pick up on schedule, it is our responsibility to attempt to make contact. It is also our responsibility to find out if the client has gone off of their medication and if so to make contact with the prescribing clinician. Please refer to the ADAP policy manual for guidance concerning those who are late in picking up their medications.

- A tool that ADAP has implemented in the database is the Client 30 Day Closure Report which can be used to prevent closures. Each Monday ADAP staff is provided with an email notification containing the 30-day closure report. Please review the report to identify those who will close with-in 30 days. If needed, contact the client to determine why there has not been a pick-up or reenrollment. This should only be a list of those clients that have slipped through the cracks of your compliance monitoring processes. You may contact ADAP headquarters for any resolution. Insurance clients will not appear on the 30-day closure report.

The Automatic Record Closure feature will close the record for any client when it has been 93 days since the last drug pickup AND a minimum of 93 days since the last enrolment / recertification.

- If you make contact and the client has left the program, make sure to hard close the record and enter a note.
- If you are unable to make contact with the client for an extended period of time (2+ months after the last pickup) consider hard closing the record as "Lost to follow-up".
- The only records that should auto-close for 2+Months No Drug Pickup are those with whom you have had contact, and who are still wanting assistance from the program, but have not come in to pick up yet.